

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB - 3 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

10 County Boone  
 3 Township Columbia  
 8 City Columbia (No. \_\_\_\_\_)

Registration District No. 73Primary Registration District No. 30 06File No. 143Registered No. 14

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Charles Henderson(a) Residence, No. 407 Lyons

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred 35 yrs.

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth? \_\_\_\_\_

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Don't know

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-1890

## 7. AGE

YEARS 41MONTHS 9DAYS 10

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Store room keeper

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Pennant Hotel10. Date deceased last worked at this occupation (month and year) January 193211. Total time (years) spent in this occupation 1/2

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Calloway County, Missouri

## FATHER

## 13. NAME

Richard Henderson

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Calloway County, Missouri

## MOTHER

## 15. MAIDEN NAME

Effie Parks

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Calloway County, Missouri

## 17. INFORMANT (ADDRESS)

Maggie Holland, Columbia, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 1-25- 1932

## 19. UNDERTAKER (ADDRESS)

Stuart T. Parker, Columbia, Missouri

## 20. FILED

1/25/32 F. C. Suggett, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 193222. I HEREBY CERTIFY That I attended deceased from Jan 12, 1932, to Jan 22, 1932I last saw him alive on Jan 22, 1932 Death is saidto have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
(Bilateral) (involving  
5/6 both lungs)  
(Traumatic)

Date of onset

Jan 12,1932

## Other contributory causes of importance:

1948  
108 / 94 B D

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-12, 1932Where did injury occur? Columbia Mo., Boone Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In industryManner of injury Struck on chest by barrel of saltNature of injury Falling barrel salt struck him on chest24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Was loading barrel salt into truck(Signed) W. H. Murr

M. D.

(Address) Columbia, Mo

44